PRINTED: 09/12/2018
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF011	A. BUILDING: ______ B. WING ______	08/29/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TENDER HEART ASSISTED LIVING FACILITY	624 TWIN RIDGE AVENUE EVANSTON, WY 82930

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	General Comments A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on August 28, 2018. The facility was a fully sprinklered, single story building of Type V (111) construction built in 2006. The building was equipped with a supervised automatic wet 13R sprinkler system, and an addressable fire alarm system. The facility had a capacity of 16 licensed beds with a census of 11 residents. Wyoming Department of Health Rules and Regulations for Licensure of Assisted Living Facilities Chapter 4, Section 10 Life Safety and Electrical Safety. The requirements in the Department of Health Chapter III, Construction Rules for Health Facilities apply. (ii) Assisted Living Facilities operation prior to the effective date of these rules shall meet the Life Safety Code of the National Fire Protection Association that was in effect at the time the facility was licensed as an Assisted Living Facility. All references are based on the requirements of NFPA 101, Life Safety Code, New Board and Care, 2006 Edition, unless otherwise noted.	S 000		
S8012	NFPA Life Safety - Nfpa Emergency Lighting NFPA 101 Emergency Lighting This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain emergency lighting in accordance with the 2006 NFPA 101, Life Safety Code. Failure to maintain emergency lighting as	S8012		

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Cheri L Willard — TITLE: Owner — (X6) DATE: 9/20/18

Talked to Cheri Willard, Administrator, Per Phone on 9/24/18 @ 11:15 AM and Advised her of POC Acceptance.
Will P. A[illegible]

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S8012	Continued From page 1 required could result in injury or death during an emergency. The deficiency affected 4 of 5 emergency lights, as well as the 15 residents and staff. The findings were: Observation on 8/28/2018 at 2:50 PM in the corridor adjacent to bedroom #9 revealed an emergency light that when tested failed to operate. Further observation revealed 3 more emergency lights failed to operate when tested. Interview with the facility administrator at the time of observation acknowledged the light failed to operate when tested, and indicated awareness of the requirement. Interview with the facility owner at the time of exit acknowledged the deficiency. REF: 2006 NFPA 101, Section: 7.9.1	S8012		

Tender Heart Assisted Living Facility
Date of Survey: 08/29/2018

Tag# S8012

The facility will ensure that all emergency lighting will be maintained.

All five (5) emergency lights within the facility were replaced. Testing on emergency lights was completed to ensure compliance with NFPA Emergency Lighting requirements.

In order to ensure compliance, the facility will ensure that the battery powered emergency egress lights illuminate once the test button is depressed, and that testing is completed for the 30 seconds monthly and 90 minute testing quarterly.

The reports of the testing will be kept on file at the facility.

The Manager will monitor and audit the file for compliance monthly to ensure all required paperwork is present.

The monthly audit results will be tabulated and incorporated into the quality improvement data for the facility on a quarterly basis to ensure compliance at 100%.

09/02/2018